

NI 000010923

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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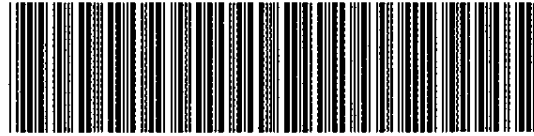
(Business Entity Name)

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DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 23 2011

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Buffalo Soldier Motorcycle Club of Jacksonville, FL., Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: William H. Green
Name (Printed or typed)

7116 Hanson Dr S
Address

Jacksonville, FL 32210
City, State & Zip

904-465-2097 (cell)
Daytime Telephone number

handtimesbsmc@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Buffalo Soldiers Motorcycle Club of Jacksonville, Fl., Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7116 Hanson Dr S
Jacksonville, Fl 32210

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to foster unity and bring together motorcycle related activities such as club rallies and other forms of motorcycling fellowship. We will also be involved in fund raising activities in order to support our charities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Election by the membership

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William H. Green, Pres
Address: 7116 Hanson Dr S
Jacksonville, Fl 32210

Name and Title: Miesha Agee, Sec
Address: 5491 Ashleigh Park Dr
Jacksonville, Fl 32244

Name and Title: Samuel Owens, VP
Address: 6049 Gulf Rd W
Jacksonville, Fl 32244

Name and Title: Richard Murphey, Bus Mgr
Address: 6622 Fosa Dr
Jacksonville, Fl 32277

Name and Title: Calvin Whitfield Treas
Address: 3940 Gumwood Dr
Jacksonville, Fl 32277

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: William H. Green
Address: 7116 Hanson Dr S
Jacksonville, Fl 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAMUEL G. OWENS
Address: 6049 GULF RD W
JACKSONVILLE FL 32244

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

William H. Green
Required Signature of Registered Agent

11/21/11
Date

William H. Green
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Samuel G. Owens
Required Signature of Incorporator

11-22-11
Date

SAMUEL G. OWENS